|  |
| --- |
| Cancer Fund for Children Logo |
| **Application for Employment** |

###### Reference: [Supporter Care Administrator - Permanent/Sep/2024]

|  |
| --- |
| **Notes – Please read before completing the application form** |

* Applicants should submit this form; supplementary material such as CV’s will not be accepted.
* You should use this form to highlight relevant and appropriate experience given the essential and desirable criteria outlined in the job description.
* Please return completed application form in confidence to: **Human Resource Team, Cancer Fund for Children, Curlew Pavilion, Portside Business Park, Airport Road West, Belfast, BT3 9ED** or by email to **HR@cancerfundforchildren.com**.
* Please ensure you return the monitoring form, in a separate envelope with your application form.
* In order to be considered, your completed application must be returned **no later than Monday, 21st October at 4pm.**

|  |
| --- |
| **Position Applied For: Supporter Care Administrator (Permanent)** |
| Surname: | Title: | Forename(s): |
| Address:Post Code: | National Insurance Number: |
| Do you have the right to work and live in the UK | Full Driving Licence?  | Own Transport?  |
| Yes/No: \_\_\_\_\_ | Yes/No: \_\_\_\_\_ | Yes/No: \_\_\_\_\_------- |
| Contact Details |
| Contact Telephone Number: |
| Mobile Telephone Number: |
| Private Email Address: |

|  |
| --- |
| **Secondary / Further Education** |
| From | To | Type of School (e.g. Grammar) | Subjects  | Result |
|  |  |  |  |  |
| **University / Higher Education** |
| From | To | University / College | Title of Degree / Diploma | Result |
|  |  |  |  |  |
| **Details of any Professional and Training Courses taken** |
| Date | Organising Body | Name of Course | Result |
|  |  |  |  |

|  |
| --- |
| **EMPLOYMENT HISTORY – PRESENT POST** |
| Name and address of present employer | Date appointed.Day/Mth/Yr / / | Present Salary/Wage | Period of Notice |
|  | Reason for leaving: |
| MAIN DUTIES OF PRESENT POST |
|  |
|  |

| **EMPLOYMENT HISTORY – PREVIOUS POSTS****(Please list your previous posts beginning with the most recent)****Continue on separate page if necessary.** |
| --- |
| **1. Name and address of employer** | **Job Title and location** | **FROM**Day/Mth/Yr **/ /** | **TO**Day/Mth/Yr **/ /** |
| **Rate of Pay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Duties (briefly):** |
|  |
| **Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **2. Name and address of employer** | **Job Title and location** | **FROM**Day/Mth/Yr **/ /** | **TO**Day/Mth/Yr **/ /** |
| **Rate of Pay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Duties (briefly):** |
|  |
|  |
| **Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **3. Name and address of employer** | **Job title and location** | **FROM**Day/Mth/Yr **/ /** | **TO**Day/Mth/Yr **/ /** |
| **Rate of Pay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Duties (briefly):** |
|  |
| **Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **4. Name and address of employer** | **Job title and location** | **FROM**Day/Mth/Yr **/ /** | **TO**Day/Mth/Yr **/ /** |
| **Rate of Pay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Duties (briefly):** |
|  |
| **Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **5. Name and address of employer** | **Job title and location** | **FROM**Day/Mth/Yr **/ /** | **TO**Day/Mth/Yr **/ /** |
| **Rate of Pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Duties (briefly):** |
|  |
| **Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **6. Name and address of employer** | **Job title and location** | **FROM**Day/Mth/Yr **/ /** | **TO**Day/Mth/Yr **/ /** |
| **Rate of Pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Duties (briefly):** |
|  |
| **Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |

|  |
| --- |
|  |
| **Meeting the Criteria** |
|  |
| In this section, we would like you to provide information which will aid the shortlisting process. In each of the sections please state how you meet the particular criteria, giving at least one example from your paid work experience as appropriate. Please ensure this section of the form is completed fully and thoroughly to aid selection decision making. Please continue on a separate page if necessary. |
|  |

# ESSENTIAL CRITERIA:

**Qualifications [Relevant to Job Description]**

|  |
| --- |
|  |

**Experience/Knowledge [Relevant to Job Description]**

|  |
| --- |
| **1.** **Please provide details of your experience relevant for this position.** |
|  |

|  |
| --- |
| **2. How do you approach working in a busy team environment? Please give an example of a successful team collaboration experience.** |
|  |
|  |

|  |
| --- |
| **3. Can you describe your experience in processing various types of payment/ donations, including cash, credit/debit card, bank transfers, online giving, Direct Debits and Payroll Giving?** |
|  |

|  |
| --- |
| **4. What steps do you take to ensure the accuracy and integrity of data you handle or manage? Have you worked with GDPR compliance in any previous roles? If so, please describe your experience.** |
|  |

|  |
| --- |
| **5. Provide details of your technical knowledge and experience of using Microsoft Office, database systems and financial packages.** |
|  |

# DESIRABLE CRITERIA:

**Provide details of your knowledge of the Charity Sector in Northern Ireland and what experience you have of working within a charity environment.**

|  |
| --- |
|  |

# CRIMINAL RECORD

|  |
| --- |
| Please advise of any criminal convictions which are not regarded as spent under the Rehabilitation of Offenders (NI) Order 1978. If none please state. |

**OTHER INFORMATION**

**Please indicate where you heard of this vacancy.**

|  |  |
| --- | --- |
| Newspaper/Jobfinder Website | Word of Mouth |
| Cancer Fund for Children Website | Linkedin |
| OtherPlease specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# REFERENCES

|  |
| --- |
| Please give the names and email addresses of two people we may contact for employment references. One should be your current or most recent employer.These will not be taken up unless an offer of employment is made |
| Name:Position:Address:Telephone Number: | Name:Position:Address:Telephone Number: |

**DECLARATION** (Please read this carefully before signing this application)

|  |
| --- |
| I confirm that the above information is complete and correct and that any untrue or misleading information will give the management of Cancer Fund for Children the right to terminate any contract of employment offered.I agree that Cancer Fund for Children reserves the right to require me to undergo a medical examination at any time. Should this organisation require any further information with view to contacting your doctor for a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor |
| Signed: Date: |

**EQUAL OPPORTUNITIES MONITORING FORM**

|  |  |
| --- | --- |
| All candidates should complete this section. The information will be used for the purposes of monitoring the Equal Opportunities policy. Access to this information is strictly controlled and is not available to anyone involved in the selection process, including the selection panel | For Office use only:Ref No: \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |

Please tick boxes as appropriate:

**Age**

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Male |  |  |  | Female |  |  |

**Marital Status**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you married? | Yes |  | No |  |

**Community Background**

|  |  |
| --- | --- |
| I am a member of the Protestant Community |  |

|  |  |
| --- | --- |
| I am a member of the Roman Catholic Community |  |

|  |  |
| --- | --- |
| I am neither a member of the Protestant or Roman Catholic Community |  |

**Ethnic Origin**

To which of these groups do you belong?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| White |  |  |  | Indian |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Black Caribbean |  |  |  | Pakistani |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Black African |  |  |  | Bangladeshi |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Chinese |  |  |  | Irish Traveller |  |  |

 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability**

The Disability Discrimination Act 1995 defines disability as a ‘physical or mental impairment, which has substantial and long-term effect on a person’s ability to carry out normal day to day activities’. In these terms do you consider yourself to be disabled?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  |  | No |  |  |

***Provide Separate to the application form.***